Revision:	HCFA-PM-95-4 JUNE 1995	(HSQB)	ATTACHMENT 4.35-H
	STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  State/Territory: ARIZONA		
ELIGIBILITY CONDITIONS AND REQUIREMENTS			
	Enforce	ment of Compliance for Nursing	g Facilities

Additional Remedies: Describe the criteria (as required at §1919(h)(2)(A)) for applying the additional remedy. Include the enforcement category in which the remedy will be imposed (i.e., category 1, category 2 or category 3 as described in 42 CFR §488.408).

Not Applicable

TN No. 95-08
Supersedes Approval Date Approval Date Effective Date July 1, 1995
TN No. None